

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-034924

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 309

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 23 1963

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scotland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 6 days	c. CITY OR TOWN Memphis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Benjamin (None) Baird		4. DATE OF DEATH Month 9 Day 16 Year 1963	
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/23/12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day laborer		10b. KIND OF BUSINESS OR INDUSTRY Misc.	9. AGE (last birthday) 51
11. BIRTHPLACE (City and state or country) Scotland County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Charles Leonard Baird		13b. MOTHER'S MAIDEN NAME Elizabeth Regnold	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Pearl Mathews	
17. INFORMANT Memphis, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Anoxia DUE TO (c) Cardiac Arrest (Surgical & Post Surgical)		INTERVAL BETWEEN ONSET AND DEATH 15 Mins. 6 Hrs. 6 Hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hepatitis, Biliary Duct Obstruction		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 11:17 P.M. Month, Day, Year 9/10/63		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kirksville, Mo.	
20g. COUNTY Scotland County		20h. STATE Mo.	
21. I attended the deceased from 9/10/63 to 9/16/63 and last saw her alive on 9/16/63 Death occurred at 11:17 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. DATE SIGNED 9-19-63	
22a. SIGNATURE D. W. Payne & Sons		22b. ADDRESS Kirksville, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-19-63	
23c. NAME OF CEMETERY OR CREMATORY Lawn Ridge Cemetery		23d. LOCATION (City, town, or county) Scotland County Mo.	
24. FUNERAL DIRECTOR D. W. Payne & Sons		25. DATE RECD. BY LOCAL REG. 9-20-1963	
26. REGISTRAR'S SIGNATURE Doris W. Ratliff			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Permit issued Sept 17, 1963

JACK A. AUSTER, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by P. E. Payne, Student Embalmer No. 701

working under my personal supervision.

Student

P. E. Payne
Signature of Student Embalmer

Signed

Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.